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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA. 22313-1450	Application Number	Not yet assigned
	Filing Date	Herewith
	First Named Inventor	HARADA
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	03791/LH

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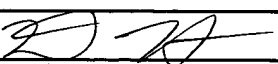
☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record. **Registration No. 22,974**

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed
Name **Douglas Holtz, Reg. No. 33,902**

Signature 

Date **January 16, 2004** Telephone: **(212) 319-4900**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted.

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